

BEFORE THE NEBRASKA PUBLIC SERVICE COMMISSION

PO BOX 94927
LINCOLN, NE 68509-4927
402-471-3101

Application for intrastate motor carrier authority by:

Owner/President _____ Date of Birth _____

Social Security # _____ - _____ - _____
Company Name _____ Federal ID

d/b/a _____

(If a dba is used, a copy of the registration on file with the Secretary of State's office is required with the application)

Business Address _____

Street Address Mailing Address
City _____ State _____ Zip Code _____ Telephone No.
() _____

Applicant is: () Individual () Partnership () Corporation () LLC () Association

Applicant seeks authority to:

(Complete Part I if seeking new or extended authority, Part II if seeking to change an existing authority)

PART I

() **Institute a new operation.** () **Extend Authority.** Applicant understands that evidence must be produced at the hearing showing that the applicant is fit, willing and able properly to perform the service proposed, to conform to the provisions of Neb. Rev. Stat. §§ 75-301 to 75-322.04, as amended, and the requirements, rules and regulations of the Commission; and that the proposed service is or will be required by the present or future public convenience and necessity, or that the proposed operation is consistent with the public interest.

Applicant will perform transportation a () common carrier () contract carrier for: _____

Type of Service: () Limousine () Taxicab () Open Class () Household Goods () Special Party () Charter

Vehicle Restriction () Sedan () Luxury or Stretch Limousine () Bus () Van () Other _____ () None

Applicant will provide transportation services over: () Regular route as follows: () Irregular routes in the following territory:

Applicant will: () Carry Railroad crew () Carry Health and Human Service clients*

*Separate public convenience and necessity showing required for HHS clients

() Other Restrictions (describe):

PART II

Change an existing operation by: () Sale or transfer of stock ownership () Change in partnership
() Consolidation () Merger () Transfer () Lease () Other _____

The holder of authority for which a change is proposed is:

Name _____ Certificate/Permit Number

() Applicant seeks temporary operating authority.

Applicant understands that it must produce evidence at the hearing which demonstrates that the proposed change is in the public interest and will not unduly restrict competition pursuant to Neb. Rev. Stat. § 75-318, as amended.

COMPLETE BOTH SIDES OF THIS FORM

Revised 12-02

PART III (Complete for all applications)

Attached to this application find: () \$200.00 Application Fee () Copy of Contract () Copy of Articles of Incorporation , Organization or Partnership () Purchase Agreement () Lease Agreement () Certificate of Trade Name

SUPPORT INFORMATION

(Required for new or extended authority applications only)

Please list individuals, corporations, associations or partnerships (other than yourself) that agree to support this application:

Name

Contact Person

Address

Phone (____) _____

Name

Contact Person

Address

Phone (____) _____

(List additional supporting representatives on another sheet)

THE REPRESENTATIVES LISTED ABOVE WILL APPEAR AND TESTIFY ON APPLICANT'S BEHALF IN ANY ORAL HEARING ON THIS APPLICATION.

FINANCIAL STATEMENT

Assets

Cash on Hand and in Bank	\$ _____	(b) Cars	_____
Notes Receivable	\$ _____	Real Estate	\$ _____
Accounts Receivable	\$ _____	Other Assets	_____
Automotive Equipment	\$ _____	Total	\$ _____
(a) Truck Equipment	_____		

Liabilities	_____	Accounts Payable	\$ _____
Unsecured Notes Payable			
To Bank and Others	\$ _____	Other Liabilities	_____
			\$ _____
Secured Notes	_____		_____
	\$ _____	—	\$ _____
Mortgages or Liens on	_____	TOTAL	
Real Estate			\$ _____
	\$ _____		_____
SUMMARY:	_____		
Total Assets	\$ _____		
Total Liabilities	\$ _____		
Net Worth	\$ _____		

APPLICANT UNDERSTANDS THAT THE FILING OF THIS APPLICATION DOES NOT CONSTITUTE AUTHORITY TO OPERATE.

Dated at _____, Nebraska, this _____ day of _____,

By _____

Signature

Title

Represented by _____, Attorney at Law

Address

City, State & Zip Code

Telephone Number

Revised 1/04